

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10753652** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		1/2					53						
4		4/5					54						
5		7/8					55						
6		10/11					56						
7		14/15					57						
8		17/18					58						
9		21/22					59						
10		25/26					60						
11		29/30					61						
12		33/34					62						
13		37/38					63						
14		41/42					64						
15		45/46					65						
16		49/50					66						
17		53/54					67						
18		57/58					68						
19		61/62					69						
20		65/66					70						
21		69/70					71						
22		73/74					72						
23		77/78					73						
24		81/82					74						
25		85/86					75						
26		89/90					76						
27		93/94					77						
28		97/98					78						
29		101/102					79						
30		105/106					80						
31		109/110					81						
32		113/114					82						
33		117/118					83						
34		121/122					84						
35		125/126					85						
36		129/130					86						
37		133/134					87						
38		137/138					88						
39		141/142					89						
40		145/146					90						
41		149/150					91						
42		153/154					92						
43		157/158					93						
44		161/162					94						
45		165/166					95						
46		169/170					96						
47		173/174					97						
48		177/178					98						
49		181/182					99						
50		185/186					100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						